

Application Form - eevi Gateway 4G VOLTE on Monitoring Premium Plan

Thank you for purchasing your eevi Gateway 4G VoLTE. Before we get started, we need a few details from you to complete the onboarding process. Please fill out your details in the fields below.

Primary Resident *This application has a Secondary Resident see page 6* *(please tick if applies)*

First Name: _____ Surname: _____

Preferred Name: _____ Date of Birth: ____ / ____ / ____

Address: _____

Nearest Cross Street: _____

Email Address: _____

Please tick your preferred contact number

Mobile Number : _____ Home Number: _____

Access to your Premises *if NO continue to next section*

Access to my premises is via Hidden Key Safe: Yes No

Code: _____ Location: _____

Hardware and Plan Pricing *(unless noted charge includes GST)*

Description	Details	Price
Outright Hardware Purchase with plug and play self installation	Eevi Gateway 4G VoLTE (includes 1 pendant)	\$520 GST Exempt
	Set Up	\$33
Peripherals	Additional Pendant each Qty to supply _____	\$99 GST Exempt
	eevi emergency call point Qty to supply _____	\$125 GST Exempt
Tech Angel Installation Please supply <input type="checkbox"/> <i>(tick here)</i>	One hour or part therefore onsite to setup your gateway for operation	\$165 per hour

Freight	Flat Rate Shipping	\$33
Total Payable Upfront		\$
Ongoing Monthly Recurring Charges	Select one Plan: <input type="checkbox"/> Premium Plan - Professionally Monitored <input type="checkbox"/> Premium Plan – Emergency Contact Monitored	\$29 per month \$25 per month
Monthly Recurring Rental Charge (No Outright Hardware Purchase charge applies)	Select Rental Plan: <input type="checkbox"/> eevi Gateway 4G VOLTE Rental	\$17.60 per month
Total Monthly Recurring		\$

1. I understand that the service relies on reliable mobile network coverage and uses the SIM card that is within the device to provide this access and coverage. In the event of a mobile network outage or unreliable mobile network coverage, my service will not work and I should call 000 for emergency assistance.
2. I understand that it is my responsibility to ensure that my contact details, medical changes, Next of Kin and emergency contacts are regularly verified and updated when necessary with eevi Life.
3. I understand a minimum 12 month contract applies, except for Rental Plan contracts which have a minimum 24 month contract.

Signature: _____

Name: _____ Date: _____

Please tick this box if you do **not** wish to receive information regarding Eevi product offers and announcements:

Do you consent to provide access to data regarding alerts: Yes No

NDIS Information [Optional]

NDIS number: _____

NDIS Plan Management: Self-Managed NDIS / Agency Managed Plan Managed

Plan Expiry: _____

Plan Manager: _____

Organisation Name: _____

Contact Name: _____

Email: _____

Phone: _____

Alternate Billing if NOT Wearer OR NDIS [Optional]

Organisation Name: _____

Contact Name: _____

Email: _____

Phone: _____

Primary Resident Medical Information *(please tick all that apply)*

- **If you have elected to have your service Self Monitored by Family and Friends, this page is not required.**
- **If you do not wish to provide Medical Details to the response centre but prefer to keep your medical file in a location within your premises.**

Please advise below the location so we can guide emergency services if required

Location: _____

Weight Range: up to 70kg 71kg to 100kg above 100kg

Blood Pressure: Normal Low High Fluctuates

Diabetes: Type 1 Type 2

Other: Epilepsy Asthma History of falls History of Stroke Blood Thinners

Mobility Problems: Arthritis Walking Stick Walking Frame Wheelchair

Allergies (*specify*): _____

Heart Problems (*specify*): _____

Breathing Problems (*specify*): _____

Life dependent medications (*specify*): _____

Other conditions (*specify*): _____

Ambulance Cover: Yes No

Name of Doctor (optional): _____

Contact phone number of Doctor: _____

Preferred Hospital: _____

Emergency Contacts

Please list details of people who have agreed to be contacted in the event you require assistance. Remember your nominated contacts should live within a reasonable distance, have a telephone and will be willing to respond in the event of an emergency if requested / required. Please tick below which scenario applies to you to indicate you understand the actions that will take place in the event of an emergency.

- If you have elected Professionally Monitored, an ambulance will be called if we cannot contact you and any nominated keyholders per the eevi No Voice Contact protocol.
- If you have elected Emergency Contact Monitored, these contacts will be added as your part of your 5 Family and Friend Contacts. These contacts will receive an alert when you use your medical alarm. They must have the icon and notification setup on their Smartphone to receive the alerts real time.

Emergency Contact #1

First Name: _____ Surname: _____

Mobile Number: _____ Home Number: _____

Next of Kin: Yes No

What is their relationship to you: _____ (partner, family, friend)

What is their travel time to your home in minutes: _____

Do they have an access key to your home: Yes No Knows key location

Emergency Contact #2

First Name: _____ Surname: _____

Mobile Number: _____ Home Number: _____

Next of Kin: Yes No

What is their relationship to you: _____ (partner, family, friend)

What is their travel time to your home in minutes: _____

Do they have an access key to your home: Yes No Knows key location

Emergency Contact #3

First Name: _____ Surname: _____

Mobile Number: _____ Home Number: _____

Next of Kin: Yes No

What is their relationship to you: _____ (*partner, family, friend*)

What is their travel time to your home in minutes: _____

Do they have an access key to your home: Yes No Knows key location

Emergency Contact #4

First Name: _____ Surname: _____

Mobile Number: _____ Home Number: _____

Next of Kin: Yes No

What is their relationship to you: _____ (*partner, family, friend*)

What is their travel time to your home in minutes: _____

Do they have an access key to your home: Yes No Knows key location

Emergency Contact #5

First Name: _____ Surname: _____

Mobile Number: _____ Home Number: _____

Next of Kin: Yes No

What is their relationship to you: _____ (*partner, family, friend*)

What is their travel time to your home in minutes: _____

Do they have an access key to your home: Yes No Knows key location

Friends & Family App

Linking directly to the eevi gateway, the 'Friends & Family app' is a mobile application that provides information about your device. It is an app as well as a text service that sends alerts and updates directly from the Eevi Smart Watch. It is available on the iOS and Android platforms and can be downloaded from the app store directly on your phone. A login will be created by the Eevi team to provide access to this app.

Additional logins in excess of 5 may be provided at a cost of \$5 per month and can be arranged directly with your Eevi representative.

Please nominate a contact to have access to the eevi Friends & Family app. A maximum of 5 can be chosen:

1. 2. 3. 4. 5.

Alternatively, if you would like another family member or friend to have this app login access that you have not listed as an emergency contact please fill out their details:

First Name: _____ Surname: _____

Mobile Number: _____ Home Number: _____

Next of Kin: Yes No

What is their relationship to you: _____ (*partner, family, friend*)

What is their travel time to your home in minutes: _____

Do they have an access key to your home: Yes No Knows key location

Second Occupant

First Name: _____ Surname: _____

Preferred Name: _____ Date of Birth: ____ / ____ / ____

Address: _____

Nearest Cross Street: _____

Email Address: _____

Please tick your preferred contact number

Mobile Number : _____ Home Number: _____

Weight Range: up to 70kg 71kg to 100kg above 100kg

Blood Pressure: Normal Low High Fluctuates

Diabetes: Type 1 Type 2

Other: Epilepsy Asthma History of falls History of Stroke Blood Thinners

Mobility Problems: Arthritis Walking Stick Walking Frame Wheelchair

Allergies (*specify*): _____

Heart Problems (*specify*): _____

Breathing Problems (*specify*): _____

Life dependent medications (*specify*): _____

Other conditions (*specify*) : _____

Ambulance Cover: Yes No

Name of Doctor (optional): _____

Contact phone number of Doctor: _____

Preferred Hospital: _____